

U.S. REPRESENTATIVE

Seth Moulton

SERVING THE 6^{TH} CONGRESSIONAL DISTRICT OF MASSACHUSETTS

Please Print

NAME	DATE	
HOME ADDRESS		
CITY	MASSACHUSETTS ZIP	
	WORK PHONE	
EMAIL ADDRESS	FAX	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
	Delegation member (Y)(N)	
If so, which office?		
	e contacted regarding this issue as well as the date of	
his staff to make an inquiry on my beh will save harmless any agencies divulg	States Representative Seth Moulton and/or members of alf in addressing this matter. I further understand that I ing information pursuant to this release of information, in and/or any representative of his staff in these matters.	
(In order to comply with the provisions of the	Privacy Act of 1974, it is necessary that your signature is on file)	

PLEASE SIGN AND RETURN TO:
Office of U.S. Rep. Seth Moulton
21 Front Street Salem, MA 01970

Phone: (978)-531-1669 • Fax: (978) 224-2270

Casework Authorization and Privacy Act Release Form



I am filing this case for myselfYes No			
I am filing this case for someone elseYes No			
If for someone else, are you the Power of Attorney?Yes No			
If for someone else, are you the Representative Payee?Yes No			
Signature: Date:			

Please Print

Please describe, in detail, the problem which you would like the office of Repres Moulton to address on your behalf. (Please Print) (Example: I filed an appeal for disability benefits and have not been given a hea	
What federal agency or department does this issue involve? (Example: Social Security Administration, VA, Medicare, Immigration, etc.)	
Please describe what you would like Representative Seth Moulton to do on the have described (What is the outcome you are seeking?):	issue(s) you

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